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THE WORK OF THE MEDICAL MISSIONARY

Outline Studies

MARTIN R. EDWARDS

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THE WORK OF THE MEDICAL MISSIONARY

Eight Outline Studies

BY

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STUDENT VOLUNTEER MOVEMENT
125 EAST 27TH STREET
NEW YORK

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STUDENT VOLUNTEER MOVEMENT
FOR FOREIGN MISSIONS

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INTRODUCTORY NOTE

These Studies were written by Dr. Edwards after his experience as Traveling Secretary of the Student Volunteer Movement among medical colleges, and were used by him at three Student Conferences during the summer of 1909. They are intended primarily for medical students and nurses, but should prove suitable also for students looking forward to medical work.

The medical and hygienic conditions in non-Christian countries, the relation of supply to demand in the number and quality of medical practitioners, the real scope and value of the medical missionary's work, the nature of his equipment and practice, his special problems and opportunities, his every day life, the requirements of such a profession—these are found to be common questions in the minds of medical students.

In the outline Studies which follow, these questions are not fully answered, but references are given in which adequate answers will be found. It is essential that reference literature be available. In addition to the Bibliography in Appendix B, useful material may be found in good encyclopedias, in missionary conference reports, in missionary and other periodicals and in standard works

on the various mission countries. Without at least the following books and pamphlets the study should not be undertaken:

Barton: The Medical Missionary.
Ludlow: Observations on the Medical Progress in the Orient.
Jeffreys: Practical Ideals in Medical Mission Work.
Wanless: The Medical Mission.
Williamson: The Healing of the Nations.
Tucker: A Modern Miracle Plant.

Much of the other literature named in the Bibliography is of almost equal importance for the purposes of this study. The biographies of medical missionaries will be found particularly fresh and illuminating.

Appendix A gives answers to some miscellaneous questions of a practical character which are frequently asked by medical students, but which are not specifically dealt with in the Studies.

J. Lovell Murray.

New York, *November* 1, 1909.

STUDY I

THE VALUE OF MEDICAL MISSIONS

I. AS A HUMANITARIAN FORCE

The establishment of modern medical and surgical practice among suffering, ignorant and degraded peoples is one of the splendid services to humanity rendered by modern missions. The religious motive of this work may not appeal to this or that individual, but all join in generous praise to it as a humanitarian agency.

"Not only have tens of thousands of lives been saved and hundreds of thousands of persons burdened with disease completely or in part relieved, but foundations are being laid by medical missionaries in heathen countries upon which medical institutions are being built up, and organizations established for the widespread and systematic relief and prevention of disease. And all of this has been accomplished in countries where until the coming of the medical missionary the commonest surgical and medical measures were entirely unknown."—Dr. W. J. Wanless.

"So sweet and reasonable have these institutions and methods and principles been seen to be that all men praise and approve them. So important are many of them for the welfare of the community that even governments do not hesitate to contribute public money for their estab-

lishment and support. Not only the governments of Christian lands but those of non-Christian lands have quickly got the spirit and are following the example set them."—Rev. Sidney L. Gulick.

Edward Bok was thinking of the large humanitarian service of present day medical missions when he said: "When that Babe was born, there was not in the whole town of Bethlehem, or the city of Jerusalem, a hospital in which the mother could have found shelter. There was not that night in the whole populated world, so far as it then existed, a single roof to whose shelter the sick and dying could have been taken without pay, not one."

References

The Healing of the Nations, Chs. III., IV.
The Medical Mission, Chs. V., VI.
A Modern Miracle Plant, Chs. "Medical Missionary Work in China;" "Three Decades;" "Why?"
The Medical Missionary, pp. 7-9, 17-19, 28-30.
Practical Ideals in Medical Mission Work, Chs. II., III.

Additional References

The Beloved Physician of Tsang Chou, pp. 188, 189.
Gloria Christi, pp. 149, 150.
Murdered Millions, pp. 26-61.
Students and the Missionary Problem, p. 496.
Christian Missions and Social Progress, Vol. II., pp. 376, 390.
Missionary Review of the World, Vol. III., p. 919; medical work in Ceylon, Vol. XII., pp. 641, 748; in India, Vol. II., p. 362; in Korea, Vol. V., p. 58; Vol. IX., pp. 688-690; in Mexico, Vol. XII., pp. 535, 773; in Persia, Vol II., p. 662; in Siam, Vol. XII., p. 778; in Uganda, Vol. XVI., p. 407.

II. AS AN EDUCATIONAL FORCE

The educational value of medical missions covers both the general instruction of the public regarding health and hygiene and the technical training of doctors and nurses.

1. Education of the People.—The ignorance of the people and of the doctors and the prevalent hygienic conditions call with great urgency for the education of the general public. This education is carried on in the home, at the bedside, in hospitals, by conferences with officials, by the publishing of papers, pamphlets and posters and by the training of leaders for large hygienic movements.

References

The Healing of the Nations, pp. 68-71.
The Medical Mission, p. 41.

Additional References

The Beloved Physician of Tsang Chou, pp. 170-171, 215, 216.
Gloria Christi, p. 118.

Books and pamphlets for popular information have been printed, and have proven of exceptional value. Tracts dealing with sanitation, the treatment of epidemics and diseases, and the preservation of health are often published during periods of danger.

Additional References

Gloria Christi, p. 148.
Climate, Vol. V.
World-wide Evangelization, pp. 512, 513.
Christian Missions and Social Progress, Vol. II., pp. 410, 466.
Encyclopedia of Missions, Article on Medical Missions.

2. Technical Training.—Much of the work of education, however, must follow the development of educational institutions.

The attempt to send enough physicians to China alone, not to speak of the other great missionary fields, to take sufficient care of her physical needs, would be folly indeed, and as unwise as impossible. The crux of the situation lies in the training of natives themselves in the principles of modern medicine and surgery. The transfer of the medical work from the shoulders of the medical missionary to those of the trained native, as has been so literally accomplished in Japan, must likewise take place in all of the mission fields.

As with the advance of civilization, however, many medical schools will be developed by public spirited natives and enlightened governments, it is increasingly essential that the Mission Boards plant numerous institutions where, together with the learning of the Western principles of medicine and surgery, each student may come in closest touch with the Great Physician Himself.

The largeness of the field and the peculiar present day situation in many of them, particularly China, make the opportunity a splendid one, while the vast need of every mission field renders the call for the work imperative.

"The medical schools established in missionary fields afford a splendid opportunity for bringing the brightest native Christians into a sphere of influence for benefiting future generations."—Dr. J. Rutter Williamson.

If all of the possibilities of this educational work were realized and acted upon, the period Allan Forbes speaks of, at the end of which 'medical missionaries will not

be needed,' would be greatly shortened. Then his place will have been filled by native men and women trained under his direction.

References

The Healing of the Nations, pp. 57, 58, 62.
The Medical Mission, pp. 41, 46, 91-92.
A Modern Miracle Plant, Chs. "Why?" "Medical Missionary Work in China."
The Medical Missionary, p. 37.
Observations on the Medical Progress in the Orient, pp. 8, 10, 11, 13, 14, 20, 23, 24, 27.

Additional References

Stewart of Lovedale, pp. 151, 222, 227, 228.
John Kenneth Mackenzie, pp. 229, 234, 352-354.
The Beloved Physician of Tsang Chou, pp. 159, 164, 201, 202.
Gloria Christi, pp. 138-140.
Modern Medicine and Surgery in the Orient, pp. 20, 24, 25.
Missionary Review of the World, Vol. II., pp. 406-407.
World's Work, October, 1907, Article, "American Healing Around the World."

The training of nurses, both male and female, in hospital-schools for nursing, is no small part of the educational work of the medical missionary.

References

The Medical Missionary, pp. 14-16.
Observations on the Medical Progress in the Orient, pp. 8, 9, 14, 20.
The Healing of the Nations, p. 62.

Additional References

Stewart of Lovedale, p. 227.
Gloria Christi, pp. 132, 139.
Between Life and Death, Ch. XI.

III. AS A HYGIENIC FORCE

Modern hygiene has made possible the building of the Panama Canal. It has freed Cuba from the yellow fever. It has waged relentless war on tuberculosis. It has greatly reduced infant mortality. It greatly minimized the death list of the Russo-Japanese War. What opportunities, then, present themselves for continued success in this direction in the great mission fields to-day!

Evidences of the great benefit of new ideas of household and personal hygiene are everywhere seen in the mission field. "It is refreshing," writes Dr. G. L. McKay, "to see the clean houses and villages of the Christians, instead of the filthy heathen hovels of previous years."

The question was asked of Rev. C. Bennett, during an epidemic in China: "How is it that you Christians do not take the plague? We have had processions and firecrackers, and made presents to our gods, but all in vain; we are dying by hundreds." The answer would be found in the better hygienic conditions that prevailed among the Christians. During the recent visitation of the plague at Amoy, the native Christians made every effort for the proper cleansing of their homes and they further seized the opportunity to do missionary work in the interests of more wholesome living on the part of those about them.

Instances are not infrequent of the prevention of epidemics in various mission fields by prompt isolation of the cases by the medical missionary. Pasteur institutes have been established at various centers, inoculation for smallpox has been inaugurated and in many of the

fields preventive measures have been introduced for the first time by medical missionaries.

The training of competent leaders to take positions of responsibility and authority in the inevitable governmental movements for the bringing about of better hygienic conditions affords opportunity to the medical missionaries for great usefulness.

Reference

The Healing of the Nations, pp. 67-73.

Additional References

Gloria Christi, pp. 143-149.
Modern Medicine and Surgery in the Orient, pp. 12-14, 19, 23.
Climate, Vols. I., II., III., IV., V.
Missionary Review of the World, Vol. II., pp. 458-469.
Pennsylvania Medical Journal, December, 1908, Oration on Hygiene.
Philippine Journal of Science (consult indices).
China Medical Journal, January, 1909, Article on Hygiene.
Journal of Tropical Medicine and Hygiene (consult indices).
Annual of Tropical Medicine and Parasitology (consult indices).
Christ, the Creator of New Japan, p. 184.

IV. AS A SCIENTIFIC FORCE

The amount of scientific research by medical missionaries has been greatly limited, owing to the tremendous pressure of the numbers of sick calling for treatment. However, great contributions are certain to be made to

our medical knowledge by the accurate reporting of the large series of cases passing through the hands of the physicians and of medical conditions in the East, and also by the first-hand study of Asiatic diseases. This scientific output will be greatly increased in volume as the number of medical men on the field is increased and as they are able to develop native assistants, thus giving them more time for this important work.

Scientific study of Asiatic conditions is now being thoroughly carried on by members of the Chinese Medical Association and medical men in other mission countries. See their report on Intestinal Parasitology in *The China Medical Journal,* July, 1908. See also "Observations on Endemic Cretinism in Chitral and Gilgit Valleys," *Indian Medical Gazette,* December, 1908, and "Observations on the Medical Progress in the Orient," pp. 6, 20. Many valuable articles have been written as the result of study and observation of medical conditions in mission fields by physicians there at work.

That there is a splendid opportunity for the advancement of our surgical technique through the large series of cases must go without proof. See Study VII, "Some Prodigious Achievements," also the splendid Symposium on Vesicle Calculi in *Medical Missions in India,* January, 1909.

The publication of medical journals now carried on by the medical missionaries of various countries (see below) will add greatly to our medical literature. It is a matter of gratification that the first medical congresses convened in Eastern lands have been held under missionary auspices.

Reference

The Healing of the Nations, p. 33. – 59

Additional References

Modern Medicine and Surgery in the Orient, pp. 27-38.
Medical Missions in India, January, 1909.
China Medical Journal (consult indices).

STUDY II

THE VALUE OF MEDICAL MISSIONS

(Concluded)

V. AS A SOCIAL FORCE

1. In Destroying Caste.—In India, where caste is such a fatal barrier to national progress and the spread of Christianity, the work of the medical missionary is proving a peculiarly effective agency for the weakening of this obstructive system.

"In the waiting room of a dispensary may often be seen, sitting side by side, the Brahman, the Sudra, and the Shanar, the Pulayar and the Pariah, the devil-worshipper, the worshipper of Siva, the Mohammedan, the Roman Catholic and Protestant, both men and women, of all castes and creeds."—Dr. J. Rutter Williamson.

Miss Dr. Stone, a Chinese graduate of the University of Michigan, who is in charge of one of the 166 hospitals in China, writes: "We have all kinds of cases in the hospital, rich and poor, high and low, from babies to gray-haired women. They are all alike in one thing when they come to us, and that is in suffering and in needing love and care."

At Miraj Hospital, India, they waited six months before any but a low caste man was willing to enter the wards. At the present time, however, there are not in-

frequently half-a-dozen castes, including the Brahman, side by side, in the same kind of beds, receiving the same mode of treatment from the same Christian hands.

REFERENCES

The Healing of the Nations, p. 56.
The Medical Mission, p. 47.
The Medical Missionary, p. 15.
A Modern Miracle Plant, Ch. "Three Decades."

ADDITIONAL REFERENCE

Gloria Christi, pp. 124, 127, 220.

2. In Uplifting Woman.—It is beyond question that medical missions have contributed greatly to the elevating of women in mission lands.

Bishop Thoburn writes, speaking of the medical schools for women which have been established by medical missionaries: "New careers have been opened to the womanhood of India, while relief from pain and sickness in a hundred forms has been secured for all generations to uncounted millions of India women. The great movement has only begun."

REFERENCES

The Healing of the Nations, pp. 58-63.
The Medical Missionary, pp. 14-16.

ADDITIONAL REFERENCES

Gloria Christi, p. 149.
Christian Missions and Social Progress, Vol. I., pp. 104, 124; Vol. II., pp. 192-194.

Students and the Missionary Problem, p. 508.
World-wide Evangelization, p. 513.

VI. AS A RELIGIOUS FORCE

1. In Breaking Down Prejudice.—The walls of suspicion and prejudice have fallen before the work of the medical missionary, and the way has thus been opened for the evangelist and teacher.

A strong tribute to medical men is made by His Excellency Wu Ting Fang, as he says:

"That which undoubtedly above all else has made the way for Christian missions is the medical missionaries and the hospitals which they have established. The gospel of healing is one that makes its own way into the hearts of the people."

"With his healing mission as his defense and the Word of God as his weapon, the medical missionary has been able to safely traverse tracts of country never before trod by Christian feet. In districts once visited, his return is eagerly looked for, and in the train of his pioneering labors other forms of mission work, besides his own, have been duly inaugurated."—Dr. W. J. Wanless.

"Medical missions are the pioneers of evangelism. They can be planted where no other branch of evangelistic work is possible. They are founded on a need which is universal, and felt by all. Every human being is sometimes ill, and when not ill himself is often anxious on account of illness of some relative or friend. The Doctor, therefore, has immediately a welcome access to vast

numbers who neither wish nor will have any intercourse with other missionaries."—Dr. Geo. E. Post.

The official classes are seldom slow to appreciate the splendid services of the medical missionary, and previous prejudices and unreasoning suspicions are soon removed.

References

The Healing of the Nations, pp. 35-48.
The Medical Mission, Ch. VI.
A Modern Miracle Plant, Ch. "Three Decades."

Additional Reference

John Kenneth Mackenzie, pp. 178, 183, 192, 221-222.

Even the common people, steeped in ignorance and superstition, are also strangely ready in many cases to give up their suspicions and prejudices, as the medical missionary carries on his work among them.

References

The Healing of the Nations, pp. 16, 42-45, 52, 57.
The Medical Mission, p. 92.
The Medical Missionary, pp. 20-22.

Additional References

Woman's Medical Work in Foreign Lands, pp. 10-12.
Stewart of Lovedale, p. 228.
John Kenneth Mackenzie, Ch. LXIII., p. 157.
The Beloved Physician of Tsang Chou, p. 191.
Gloria Christi, p. 115.
Murdered Millions, pp. 76, 88.

2. **In the Work of Evangelization.**—At the hospital the quiet teaching of the Bible woman, the prayers before

the operations, the little prayer groups in the wards, the texts scattered about the hospital walls and the many evidences of Christian love even in the routine of the hospital work, all serve to carry the message with an especial emphasis to the hearts of the patients.

"I have no hesitation in expressing it as my solemn conviction that as yet no medium of contact and of bringing the people under the sound of the gospel and within the influence of other means of grace can compare with the facilities afforded by medical missionary operations." —Dr. Peter Parker.

"During the year some forty-five from the ranks of the patients have taken the first, second or third steps towards entering the church, with more preparing themselves."—Mission Hospital Report.

References

The Healing of the Nations, pp. 45-47.
The Medical Mission, Ch. VII.
A Modern Miracle Plant.
The Medical Missionary, pp. 20-22, 37-39.

Additional References

Practical Ideals in Medical Mission Work, Chs. II., III.
John Kenneth Mackenzie, pp. 58-59; Ch. VI.; pp. 132, 213, 224, 354, 359.
The Beloved Physician of Tsang Chou, pp. 204, 205, 228-230; Ch. XII.
Murdered Millions, pp. 76-88.
The Student Missionary Appeal, Ch. "Medical Missions."
Students and the Missionary Problem, p. 495.
World-wide Evangelization, p. 524.

Those patients who, while in the hospital, become converted to Christianity, carry the message to many others as they go back to their homes, and thus churches are often started where the evangelist has never been.

"In one year patients came to us representing 1,031 villages. Christianity went in a direct and special form to each of these."—Dr. H. D. Porter.

The spread of the gospel, due to the hospital work, is brought about not only by the message of those who have been converted. Tracts, portions of the Bible, etc., are given to the patients, and, as these are taken home, the message is carried to wide areas.

"Between three and four hundred different villages, many of them between fifty and one hundred miles and more distant, are annually represented by the patients who come for treatment to my hospital at Miraj, Western India. They all alike hear the gospel, and carry back gospel tracts and messages to their village homes. Our tracts have gone to scores of villages seldom, if ever, visited by a missionary or native Christian."—Dr. W. J. Wanless.

References

The Healing of the Nations, pp. 45-47.
The Medical Mission, Ch. VII.
A Modern Miracle Plant, Ch. "Three Decades."
Medical Missionary, p. 39.

STUDY III

THE NEED FOR MEDICAL MISSIONS

I. THE IGNORANCE OF THE PEOPLE

The ignorance of the people of mission countries along the lines of municipal, household and social hygiene and regarding the cause and treatment of diseases is most deplorable and constitutes a great factor in the need for medical missionaries. Their superstitious, blind faith in fetishes and gods lays them open to the most rampant ravages of disease.

1. **Ignorance Regarding Hygienic Conditions.**—A doctor writes from Persia that his patients abhor water and shut out air. "It is almost needless," says Dr. Dennis, "to enter upon a description of the sanitation of an Indian village, for there is a total absence of it. The people drink from the pond in which they bathe, and in which their cattle wallow." The Chinese hygiene is almost unspeakable. It is said that one smells China a hundred miles out to sea.

REFERENCES

The Healing of the Nations, pp. 68-70.
The Medical Mission, pp. 12-13.
A Modern Miracle Plant, Chs. "In the Individual Heart, in Society and in the World;" "Medical Missionary Work in China."

Practical Ideals in Medical Mission Work, pp. 5, 9.
The Medical Missionary, pp. 9, 16.

Additional References

Christian Missions and Social Progress, Vol. I., pp. 219, 220, 222; Vol. II., pp. 458, 468.
Gloria Christi, p. 108.
Modern Medicine and Surgery in the Orient, pp. 25, 27.
Indian Magazine and Review, August, 1894, Article, "Indian Village Life: Its Present Urgent Want"; June, 1897, Article, "Indian Sanitation."
Christ, the Creator of New Japan, p. 18.

2. Ignorance and Superstition Regarding Disease.— Amid conditions as seen above, it would be surprising to find any accurate knowledge of the cause, prevention and treatment of diseases among the natives; and there is none. The ignorance and superstitions of the people regarding disease are pitiable. Many, including nearly all the Mohammedans, are fatalists and do not struggle against disease or expect much relief. Hundreds of millions associate disease with the "evil eye" of gods and demons.

References

The Healing of the Nations, pp. 13-19.
The Medical Mission, p. 15; Ch. III.
A Modern Miracle Plant, Ch. "Medical Missionary Work in China."
Medical Progress in the Orient, pp. 3, 17, 18.

Additional References

Christian Missions and Social Progress, Vol. I., pp. 182, 187.
Encyclopedia of Missions, Article on Medical Missions.

II. THE IGNORANCE OF MOST NATIVE DOCTORS

"Killed by ignorance" is still the verdict in numberless cases of fatality. The native physicians, generally speaking, have no education. Occasionally there are found some who have studied under medical missionaries upon the field, or who have obtained their education in foreign countries or in the few schools already established in mission lands, but the great mass have had absolutely no training whatever. Their knowledge of anatomy is almost nil. Their knowledge of pharmacology is purely empirical, and their pharmacopeia is grotesque and would oftentimes be ridiculous were it not for the pity of its inefficiency. Their theories regarding health and disease are absurd and wholly directed by their superstitions. Their knowledge of pathology is less than their knowledge of anatomy. The superstition of the average native doctor, his cunning, his atrocious cruelty and malpractice, his heartless treatment of the insane, are notorious.

"Ignorance in some of its aspects may be regarded as only a negative evil, but when it undertakes to practise medicine and surgery, it becomes a positive evil of an aggressive and deadly character."—James S. Dennis.

References

The Healing of the Nations, pp. 9, 10.
The Medical Mission, p. 21.
A Modern Miracle Plant, Ch. "Blind Leaders of the Blind."
Practical Ideals in Medical Mission Work, p. 7.

Additional References

Gloria Christi, p. 108.
Christian Missions and Social Progress, Vol. I., pp. 187-197.
Encyclopedia of Missions, Article on Medical Missions.

1. **Their Ignorance of Disease.**—The theories of the native physicians as to health and disease are remarkably simple. The body, according to the thought in many countries, consists of earth, wind, fire and water. "Hot and cold" remedies are used for the curing of diseases in China, according to the condition of the patient, whether he have fever or be attacked by chills.

References

The Healing of the Nations, pp. 10, 13.
A Modern Miracle Plant, "Blind Leaders of the Blind;" "Medical Missionary Work in China."
Practical Ideals in Medical Mission Work, p. 7.

Additional Reference

John Kenneth Mackenzie, p. 102.

2. **Their Crude Methods of Diagnosis.**—The methods of diagnosis of the native physicians are as futile as they are simple, being in any case the purest of guesswork. Without knowledge of physiology or anatomy, any satisfactory pathological diagnosis is a pure impossibility, and diagnoses are oftentimes ridiculous. The pulse, whether it be hard or soft, rapid or slow, whether it be the right or left pulse, and whether it be at the wrist or high in the arm, is a sufficient guide to all diseases.

References

The Medical Missionary, p. 40.
Practical Ideals in Medical Mission Work, p. 8.
Observations on the Medical Progress in the Orient, p. 25.
A Modern Miracle Plant, Ch. "Blind Leaders of the Blind."

Additional References

John Kenneth Mackenzie, p. 102.
The Student Missionary Appeal, pp. 483-508.
Society in China, pp. 149-159.

3. Their Ignorance of Therapeutics.—The lack of knowledge of the native physician as to anatomy, surgery, materia medica, pathology, etc., is excelled only by his lack of knowledge regarding any satisfactory and scientific treatment.

"After all, the thing to be lamented is not so much the resort to useless remedies as the ignorance and credulity that makes them possible."—James S. Dennis.

References

The Healing of the Nations, pp. 9-15, 24.
The Medical Mission, pp. 16-20.
A Modern Miracle Plant, Ch. "Blind Leaders of the Blind."
Observations on the Medical Progress in the Orient, pp. 10, 11, 12.
Practical Ideals in Medical Mission Work, pp. 7, 8, 9, 10.

4. Their Superstitions.—Among these "practitioners," as among the people generally, illness is often ascribed to demons, or to the anger of gods and goddesses, who are thought to preside over epidemics and

must be propitiated in order to secure their suppression. Rev. John Wilkie, of India, states that he has seen native physicians repeating verses out of their sacred books to relieve a person who had been stung by a scorpion. In the mind of the Zulu no sickness comes without a cause; and of adequate causes there are only external violence and poison. To quote from one writer: "So when he is sick and has received no wound or other injury, he concludes that he has been poisoned. Perhaps it has been put in his food, or perhaps some charm has been thrown as he walked." And his physician fully endorses the superstition.

References

The Healing of the Nations, pp. 14, 15.
The Medical Mission, pp. 15, 16, 30.
The Medical Missionary, pp. 25-27, 30.
Observations on the Medical Progress in the Orient, pp. 17, 18, 26, 34.

Additional References

Christian Missions and Social Progress, Vol. I., pp. 187, 203; Vol. II., pp. 287, 288.
The Beloved Physician of Tsang Chou, pp. 271, 272.
John Kenneth Mackenzie, pp. 103, 129, 287, 288.

Often the native doctors are far worse than ignorant. The frequent outrageous cruelty, the many cases of malpractice, the common cunning of the native doctors, all tell of the great need of a large work of education and of the spread of kindly Christian love and sympathy.

References

The Healing of the Nations, pp. 10, 22, 25, 31.
The Medical Mission, Chs. II., III.
The Medical Missionary, pp. 25, 26, 30.
Observations on the Medical Progress in the Orient, p. 4.
Practical Ideals in Medical Mission Work, p. 10.

STUDY IV

THE NEED FOR MEDICAL MISSIONS

(Concluded)

III. INADEQUATE SUPPLY OF TRAINED PHYSICIANS

Chicago has six thousand physicians for its two millions of people; China for its four hundred millions of people has but four hundred thoroughly trained physicians. The United States has one physician to every five hundred and fifty persons; China has one to every one million in population. The United States has 160,000 physicians; supplied at the same ratio as China there would be only eighty. Bodies suffer and hearts ache in China even as here!

The plea of Sir D. Ibbetson, Lieutenant-Governor of the Punjab, "India is in crying need of native practitioners," applies to all other mission countries.

References

The Healing of the Nations, pp. 8, 9, 91.
The Medical Mission, Chs. II., III., pp. 89, 90.
A Modern Miracle Plant, Ch. "A Great Field."
The Medical Missionary, pp. 28, 30.

ADDITIONAL REFERENCES

Stewart of Lovedale, p. 227.
Gloria Christi, p. 114.
Murdered Millions, pp. 28-57.
World-wide Evangelization, p. 520.
Christian Missions and Social Progress, Vol. II., p. 380.

IV. INADEQUATE SUPPLY OF HOSPITALS AND DISPENSARIES

Chicago has sixty-six hospitals for its two millions of people; China has for its four hundred millions of people only one hundred and sixty-six.

In India, before the English occupation, there were no hospitals or dispensaries through all the land.[1]

As late as 1897, Dr. Lamb wrote from the New Hebrides: "Much interest centers in the experiment, the first made in this part of the world, of founding a hospital on a cannibal island and utilizing it as an engine for breaking down savagery by the power of Christian love."

Throughout the wide mission field practically no hospitals have been established, except those established by missionaries or those whose founding has been inspired by them.

In all of China's history there is no record of a hospital for the insane until one was established by Dr. Kerr within the last decade.

[1] The Jains (one of the religious sects of India) are "noted for the hospitals, which they maintain for animals, in which cats, dogs, decrepit horses, diseased cows, and insects are found. Snakes are not excluded, but children are not admitted."—Bishop Thoburn, in The Christian Conquest of India, p. 95.

References

The Healing of the Nations, pp. 26-29, 62, 91.
Observations on the Medical Progress in the Orient, pp. 6, 10.
The Medical Mission, p. 26.
A Modern Miracle Plant, Ch. "A Great Field."
The Medical Missionary, p. 19.

Additional References

Stewart of Lovedale, p. 227.
Gloria Christi, p. 125.
Murdered Millions, p. 53.

V. THE SPECIAL NEED FOR WOMEN PHYSICIANS

In many of the mission fields, the need and opportunity for women physicians is unparalleled. Medical women are the only ones who are permitted to enter the harems and zenanas of millions of women. "There are tens of thousands of sick women in the central and northern parts of India, who would rather die than have a male physician attend them in sickness."—Dr. W. J. Wanless. And because there are no women physicians in many large districts they do die.

In China, India and the Moslem world, the work that can be done only by the woman physician calls loudly for a great increase in the number of women giving themselves to this service.

References

A Modern Miracle Plant, Chs. "His Life a Ransom for Many;" "Inasmuch as ye did it unto Me."
Observations on the Medical Progress in the Orient, pp. 7, 8, 9.
The Medical Mission, pp. 27, 43.
The Medical Missionary, pp. 14, 15, 16.
The Healing of the Nations, pp. 17, 18, 23.

Additional References

Gloria Christi, p. 124.
John Kenneth Mackenzie, p. 180.
Murdered Millions, pp. 37, 38.
Between Life and Death.
Philippine Journal of Medicine, July, 1908, Article, "Obstetrics in the Philippine Islands."

VI. LACK OF SYMPATHY FOR THE SUFFERING

Heartbreaking instances of lack of love and sympathy on the part of most of the people in non-Christian lands are of frequent recurrence in the every-day life of medical missionaries. Their failure to provide hospitals, their neglect of the insane and the lepers, their frequent cruelty to the dying, and their hardness of heart to the suffering of those even of their own family are indicative of an appalling lack of tender feeling and loving service. This condition is due primarily to their not knowing Christ.

The need for the medical missionary is vastly intensified by this awful lack. He is needed as a doctor, but still more as a doctor with a Christlike sympathy in his heart.

References

The Healing of the Nations, pp. 26, 31, 54, 92.
A Modern Miracle Plant, Ch. "Three Decades," foot-note.

Additional References

John Kenneth Mackenzie, pp, 282, 289, 290.
The Beloved Physician of Tsang Chou, pp. 145, 173, 223.
Gloria Christi, pp. 107, 143.
Christian Missions and Social Progress, Vol. I., pp. 205-209.

VII. NEED FOR PROTECTION OF OTHER MISSIONARY INVESTMENTS

Both humanity and wisdom demand that physicians be sent out to the mission fields to take proper care of the missionaries in the various stations.

According to Dr. W. R. Lambuth, formerly a medical missionary in China, the efficiency of the working force of the missionary stations depends a great deal on the physicians situated there. Great suffering is frequently undergone by the missionaries in fields where no physicians have been stationed. The London *Lancet* states sharply: "The sending out of missionaries without the presence of a physician in that neighborhood is to be roundly condemned."

The continuance of mission stations is often made possible by the presence of medical missionaries.

References

The Healing of the Nations, pp. 35, 36.
The Medical Mission, pp. 28, 47; Ch. VIII.
A Modern Miracle Plant, Ch. "Why?"
The Beloved Physician of Tsang Chou, p. 157.

Additional References

The Lancet, November 27, 1897.
British Medical Journal, December 11, 1897.
Murdered Millions, pp. 65, 68.
The Student Missionary Appeal, p. 507.
Students and the Missionary Problem, p. 497.

STUDY V

THE MEDICAL MISSIONARY AT WORK

I. HOW RECEIVED

1. By Official Classes.—The official classes in mission fields, once the work is established, seldom fail to show their appreciation of the great service rendered. The finely equipped hospital at Tientsin, established and so long maintained by His Excellency Li Hung Chang, and many others which have been endowed by native officials, are proofs of the spirit of welcome on the part of many of the official classes to this medical missionary work.

Viceroy Tuan Fang states that the awakening of China will be traced in no small measure to the hands of missionaries. "For this service," says he, "you will find China not ungrateful."

The medical missionaries and the hospitals, according to Sir Chen Tung Chen, have undoubtedly contributed above all else to opening the way for the spread of Christian civilization. "The highest class of people patronize these foreign hospitals."

"It receives the highest official recognition, and thus facilitates the employment of all other agencies. The foreign doctor is a *persona grata,* even in palaces and halls of state."—James S. Dennis.

As suggested above, the kindly feeling of the officials does not always end in a welcome with word alone, but assistance, financial and otherwise, is often extended with a bounteous hand.

The officials at Changsha, China, in the spring of 1909 sent $1,400 to the Yale medical work there, as an entirely unsolicited expression of their appreciation of the work done in that city.

References

The Healing of the Nations, pp. 40, 48, 52, 56, 61, 62.
The Medical Mission, pp. 35, 42, 44, 46.
The Medical Missionary, p. 38.
A Modern Miracle Plant, Chs. "Spreading the Word of Life;" "Medical Missionary Work in China."
Observations on the Medical Progress in the Orient, pp. 8, 9, 11, 24.

Additional References

John Kenneth Mackenzie, pp. 183, 190, 221, 222, 259.
The Beloved Physician of Tsang Chou, pp. 110, 123, 124, 215.
Gloria Christi, pp. 120-125, 130, 131.
Murdered Millions, pp. 74-88.
Christian Missions and Social Progress, Vol. II., pp. 410, 413-415, 418.
Christ, the Creator of New Japan, p. 19.

2. By the People.—The hearty welcome of the mass of the people to the hospital work is shown conclusively by a quick reference to the section "Some Prodigious Achievements," p. 45. They come in great numbers, thus showing their confidence in the medical work. The doctor is always welcome.

Witness Dr. Dodd's return to Cesarea. "Three hours

away from the city, a large cavalcade of twenty men and twenty-five women and children met him and his wife, using twenty horses and many arabas and wagons."—The Medical Missionary, p. 18.

Even the poorer classes often contribute generously to this work. In many instances, wealthier natives have given munificently to hospitals and dispensaries, in some cases having built and maintained them at their own expense.

REFERENCES

The Healing of the Nations, pp. 40-44, 53, 54, 63.
A Modern Miracle Plant, Chs. "Three Decades;" "Out of Darkness into Light;" "Medical Missionary Work in China."
The Medical Missionary, p. 18.

ADDITIONAL REFERENCES

John Kenneth Mackenzie, pp. 40, 58-60.
The Beloved Physician of Tsang Chou, pp. 207-212.
Gloria Christi, p. 115.
Between Life and Death, p. 5.
World-wide Evangelization, p. 525.

II. DISPENSARIES

The dispensary is generally the precursor of the hospital. A glance at the section "Some Prodigious Achievements," p. 45, will at once show that the dispensary work is especially fruitful in reaching a large number of cases. What is said below about the establishment and support of hospitals applies to dispensaries also.

To the dispensary each morning come rich and poor, high caste and low caste, and the woman who, after the

others have told of sick stomach or blinded eye, asks wistfully for "medicine for a sad heart."

References

The Medical Mission, pp. 43, 44, 91.
A Modern Miracle Plant, Chs. "Three Decades;" "Christianity a Pervasive Leaven."
The Medical Missionary, pp. 9, 32, 39, 43.
Observations on the Medical Progress in the Orient, pp. 14, 19, 21, 26, 27.

Additional References

Christian Missions and Social Progress, Vol. II., pp. 418, 433.
Centennial Survey of Foreign Missions, pp. 192, 211, 222, 224, 271.
John Kenneth Mackenzie, p. 124.

Traveling Dispensaries.—Many physicians have found that tours of healing through the villages and country districts are exceedingly useful. This most nearly imitates the procedure of the Great Physician as He "went about doing good." This form of work is recognized as being of particular value in districts just being opened to mission work.

References

The Medical Missionary, p. 12.
The Healing of the Nations, pp. 82, 83.

Additional References

John Kenneth Mackenzie, pp. 65, 66.
The Beloved Physician of Tsang Chou, p. 191.
Gloria Christi, pp. 140, 141.
Christian Missions and Social Progress, Vol. II., pp. 45-49.

III. HOSPITALS

The doctor on the mission field feels that it is in the hospital that his greatest work is done. It is a source of great satisfaction to him to see a hospital that may have been started very humbly grow to an institution which in point of equipment and general character worthily represents what is best in Christian civilization.

1. **Nature.**—The character of the hospitals, which the medical missionary considers his "force rather than his field," varies widely. It is a far call from Dr. Cammack's first thatched roof and floorless building at Chisambi to Dr. Van Allen's splendidly equipped stone structure at Madura, India ("The Medical Missionary," pp. 29, 32). But the patients, many of them for the first time receiving care from a trained physician, are less conscious of the comforts of the building than of the gentle touch that carries the double cure.

References

The Medical Missionary, pp. 10-13, 28-30, 37-39 (see illustrations).
Observations on the Medical Progress in the Orient, pp. 6-15, 18-21, 23-27 (see illustrations).
Practical Ideals in Medical Mission Work, Ch. II.

Additional References

John Kenneth Mackenzie, pp. 42, 201, 202.
The Beloved Physician of Tsang Chou, p. 103.
Gloria Christi, pp. 125, 137.
Modern Medicine and Surgery in the Orient, p. 22.
Between Life and Death, Chs. VI.-X.

Christian Missions and Social Progress, Vol. II., pp. 418-433 (see illustrations).
China Medical Journal, March, 1909.
World's Work, December, 1907, Article, "American Healing Around the World."

2. How Established.—The large majority of hospitals in the foreign field have been started by missionary endeavor. India for centuries has had hospitals for her cows, but it remained for the followers of the Great Physician, who loved men, to start the first hospital where a man or woman in pain could go for relief without pay.

References

The Medical Mission, pp. 44-46.
A Modern Miracle Plant, Ch. "Three Decades."
Observations on the Medical Progress in the Orient, pp. 6-8, 10-11, 14, 19, 20, 21, 24-26.

Additional References

Stewart of Lovedale, pp. 223-227.
The Beloved Physician of Tsang Chou, Ch. V.
Christian Missions and Social Progress, Vol. II., pp. 418-432.

While the hospitals have largely been started by the foreign missionary, yet, as has been stated above, money has been freely given by the natives toward the erection of the buildings. Once the medical missionary has established his merit and gained the confidence of the people and officials, they often are ready to give generously for the introducing of these "modern miracle plants."

References

The Healing of the Nations, pp. 41, 44, 62.
The Medical Mission, pp. 12, 13.

Additional References

John Kenneth Mackenzie, pp. 40, 183, 186, 402.
Gloria Christi, pp. 121-131.

Governments are now taking up the establishment of hospitals and dispensaries. In India numerous hospitals have been established by the British government. Hospitals as well as hygienic undertakings are held to be cheaper than cripples, beggars and epidemics.

References

Observations on the Medical Progress in the Orient, pp. 6, 19, 21, 24.
The Healing of the Nations, p. 62.

Additional Reference

Stewart of Lovedale, p. 227.

3. **How Maintained.**—Much of the support of these hospitals must come first from Christian countries, but later on many hospitals find that by means of gifts and remunerations the work can be entirely self-supporting, outside of the physician's salary. There is everywhere an encouraging tendency among the natives, according to reports, to pay for what they get.

REFERENCES

The Medical Mission, pp. 65-68.
The Medical Missionary, pp. 30-43.

ADDITIONAL REFERENCES

John Kenneth Mackenzie, pp. 218, 219.
The Beloved Physician of Tsang Chou, p. 175.
Murdered Millions, pp. 68-72.
World-wide Evangelization, pp. 5, 25.

4. The Hospital Staff.—As a rule, the desire of the missionary societies is to have two physicians in each hospital, although this ideal is not by any means attained as yet. The many advantages of this plan are obvious.

There is a large and growing demand for graduate nurses (foreign trained) to supervise the work of the native nurses-in-training. In numerous instances, however, the doctor has to supervise this work himself.

REFERENCE

Observations on the Medical Progress in the Orient, pp. 19, 21, 24.

ADDITIONAL REFERENCE

The Beloved Physician of Tsang Chou, p. 219.

STUDY VI

THE MEDICAL MISSIONARY AT WORK

(Concluded)

IV. DISEASES TREATED

Generally speaking, each country has the greater number of the diseases known to other countries, together with certain forms of disease peculiar to that country. For technical detail regarding the diseases treated by the medical missionary the student is directed to text-books and recent articles in medical journals on the subject, particularly those describing the recent investigations of diseases in Africa and preventive work in India and China. In the classification below, only the diseases of China, India and Africa will be discussed, as the diseases of the other mission countries are very similar.

1. **Diseases of China.**—Most of the diseases of the United States are found with greater or less frequency in China. Diseases seen in China with comparative frequency but which are seldom found here are: Beriberi, Cholera, Dengue, Guinea-worm Disease, Endemic Hemoptysis, Filariasis, Leprosy, Plague, Intestinal Cestodes and Nematodes (certain varieties), Mycetoma, Tropical Dysentery, Tropical Splenomegalia, and Undulant Fever. Small-pox, Skin Diseases, Ankylostomiasis and Syphilis

are rife throughout all China. Yellow Fever has not been reported there as yet.

REFERENCE

Observations on the Medical Progress in the Orient, p. 10.

ADDITIONAL REFERENCES

John Kenneth Mackenzie, pp. 300, 393.
Modern Medicine and Surgery in the Orient, p. 21.
The Chinese: Medical, Political and Social, Chs. VIII., IX.
Tropical Medicine: Jackson (consult Index).
Tropical Diseases: Manson (consult Index).
China Medical Journal.

2. Diseases of India.—The diseases most frequently dealt with in India other than those which are common to North America are: Ainhum, Beriberi, Cholera, Dengue, Filariasis, Guinea-worm Disease, Intestinal Parasites, Leprosy, Plague, Tropical Dysentery, Tropical Splenomegalia, Tropical Ulcer, and Yaws. Ankylostomiasis also is common.

REFERENCES

The Medical Missionary, pp. 32-36.
Observations on the Medical Progress in the Orient, pp. 23, 26.

ADDITIONAL REFERENCES

Tropical Medicine: Jackson(consult Index).
Tropical Diseases: Manson (consult Index).
Medical Missions in India (consult Indices).
Indian Medical Gazette (consult Indices).

3. Diseases of Africa.—"The Open Sore of the World" was Livingstone's characterization of Africa, in

speaking of its general conditions. Considering its vast millions, its great variety of diseases (many of which are as yet unstudied) and its insignificant number of physicians and hospitals, the term could be well used in its strictly medical sense.

The diseases of Africa are varied indeed. The continent is a veritable natural museum of diseases. Practically every disease named above is to be found there. Added to that number are Yellow Fever (occasionally found in Northern Africa), Bilharzia, Goundou, Tick Fever, and Trypanosomiasis, together with a number of other conditions as yet unnamed.

Reference

The Medical Missionary, p. 31.

Additional References

Journal of Tropical Medicine and Hygiene.
Annals of Tropical Medicine and Parasitology.
Climate, Vols. I., II., III., IV., and V.
Tropical Medicine: Jackson (consult Index).
Tropical Diseases: Manson (consult Index).
China Medical Journal, January, 1909, Article by Sir Patrick Manson.

V. THE DAILY LIFE OF THE MEDICAL MISSIONARY

In the year 1908 Dr. O. R. Avison of Korea and his assistant had 1,561 office consultations; made 497 visits to patients' homes, and 121 to the palace of the emperor; treated 12,000 dispensary cases, and accomplished much in the translation of medical books. In ad-

dition, he graduated a class of seven medical students and one class of nurses, having given both daily instruction; held many prayer meetings and Bible classes, and occasionally he preached on Sunday. From this summary some conception may be gained of what the daily life of the medical missionary may include.

Definite statement of his work each day is impossible. Routine must vary according to the conditions and character of the hospital, the personnel of the force there, the individuality of the doctor, the number of Christian workers, the amount of training undertaken, the size of the dispensary, the varied interests physicians may have outside, and many other considerations.

The following items will give some idea of the wide range of the physician's activities:

There are the dispensary cases to be taken care of; there are the operations; many dressings require his personal attention; the nurses must receive their instruction; here and there, at the bedside of some patient, time must be taken for brief conversation and a word of prayer; apparatus has often to be made; there are always morning devotional services, and sometimes Sunday services are conducted by the physician; at times the pharmaceutical work cannot be delegated to others; itinerating is sometimes called for; cases must be recorded; patients must be visited in their homes; some time must be reserved for laboratory study and at times for the writing of scientific articles for medical journals and for translation work; there are frequent consultations with officials regarding general hygienic conditions. The medical missionary is eager also to reserve time for the writing

of pamphlets and giving of lectures for popular hygienic instruction. It can be readily believed, then, that the physician has full scope for all of his powers, and full opportunity to use each moment of the day.

It is a matter of common opinion to-day among those best acquainted with the missionary problem that much of the time of the physician should be given to training the natives to meet their own medical burden. To reach a hundred thousand lives, and bring comfort and a new vision of life to them, is a worthy and large work, but how much greater the work of the man who in addition to this trains a number of bright young men to do likewise and so duplicates his life and his noble work! See Study I, section II.

Religious Work.—The question is often asked, now much religious work does the doctor do? This question can be answered only in a general way. The work of the physician on a foreign field cannot be bisected into purely medical and spiritual work, saying, "this is medical work" and "that is spiritual." All his work is religious work. It must be saturated through and through with the spirit of Christ. His physical and spiritual ministrations must be combined, even as they were in the life of the Great Physician. "After all," says Mackenzie, "our great work lies in bringing home the love of God to our patients." Much of the preaching of Christ was done through His healing works; and He sent His disciples out to their work with the instruction that they should *heal* and *preach*.

A particularly good sketch of the daily life of the

medical missionary will be found in the *China Medical Journal,* January, 1908.

Reference

The Healing of the Nations, pp. 81-83.

Additional References

John Kenneth Mackenzie, pp. 213-217, 282-283.
The Beloved Physician of Tsang Chou, pp. 116-118.
Encyclopedia of Missions, p. 415.

STUDY VII

A GREAT LIFE OPPORTUNITY

I. SOME NOTABLE MEDICAL MISSIONARIES

Dr. Gabriel Broughton, who, in 1636, opened up East India to the commerce of the world. ("The Medical Mission," p. 50.)

Dr. Peter Parker, the point of whose lancet opened China to missionary endeavor. ("Healing of the Nations," p. 44; "Life of Peter Parker.")

Dr. John G. Kerr, physician to seven hundred thousand patients, chief operator at forty thousand operations, major and minor; contributor to the world's knowledge of Vesicle Calculi; translator of many technical books into Chinese; author and writer, founder of the first hospital for the insane in China.

Dr. O. R. Avison, physician, organizer, builder, translator and educator. ("Observations on the Medical Progress in the Orient," pp. 19, 20.)

Dr. Wilfred Grenfell, C.M.G., sea captain, storekeeper, magistrate, preacher, surgeon, author, and patron saint of Labrador. (*Harper's,* December, 1904; *McClure's,* April, 1905; *Leslie's,* December, 1904; recent magazines.)

Dr. James Curtis Hepburn, founder of modern medicine in Japan, planter of the seed from which the splendid triumph of the Japanese medical force during the Russo-

Japanese War was the flower; decorated by the Japanese Emperor. ("Christ, the Creator of the New Japan." "Opportunities in the Path of the Great Physician," pp. 247-250. Alumni Register, University of Pennsylvania.)

Dr. J. C. Berry, introducer of prison reform in Japan; founder of the first training school for nurses in that country. ("Christ, the Creator of New Japan.")

Dr. Mary Fulton, founder of the David Gregg Hospital at Canton and the C. P. Turner Training School for Nurses, organizer of the Hackett Medical College for Women, a great force for the uplifting of woman in China. ("Observations on the Medical Progress in the Orient.")

Dr. Leonora Howard, first woman physician to the Chinese nobility.

Dr. Clara Swain, first woman physician in Asia. (Sent out to India in 1869.)

David Livingston, physician, scientist, explorer.

Dr. John Kenneth Mackenzie, distinguished Chinese missionary, physician to Li Hung Chang, and founder of the Imperial Army and Navy Medical School at Tientsin. ("John Kenneth Mackenzie.")

Dr. Laws, builder of a civilization at Livingstonia, Central Africa.

II. SOME PRODIGIOUS ACHIEVEMENTS

One missionary with his assistants gave medical attention to more than 310,000 patients. (See "The Medical Missionary," p. 39.) Patients numbering from 5,000 to 15,000 each year are generally reported by the physicians

in charge at the various mission stations. It is apparent that medical science would be greatly advanced had these men more time to carefully report upon these large numbers. The opportunity here presented for the preaching of the Gospel as only a doctor can is unlimited.

REFERENCES

The Medical Mission, pp. 43, 44, 91.
A Modern Miracle Plant, Chs. "Three Decades;" "Christianity a Pervasive Leaven."
The Medical Missionary, pp. 9, 32, 43, 49.
Observations on the Medical Progress in the Orient, pp. 21, 26, 27.

ADDITIONAL REFERENCES

Stewart of Lovedale, p. 151.
John Kenneth Mackenzie, pp. 349, 385, 395.
Gloria Christi, pp. 116, 135.
Christian Missions and Social Progress, pp. 423, 424, 426, 427.
Centennial Survey of Foreign Missions, pp. 192-211, 222-224, 271.

Series of Individual Cases.—Concerning the value of large series of well-studied individual cases there is little variety of opinion. Major Henry Smith, of Jallandur, India, who last year operated on three thousand cataracts, says: "If the name of India were changed to Germany, this country would have crowds of post-graduates from Europe and America to learn how to operate on stones in the bladder, and upon the eye." (See *Medical Missions in India,* January, 1909, Symposium on Lithotomy versus Lithotrity. This article, contributed to by men whose cases have numbered from fifteen to three hundred, is highly illuminating, and of much value to the profession.)

Dr. Kerr, of China, is reported to have had 1,300 cases of Cystic Calculi. ("Healing of the Nations," p. 37.) Dr. Thom, of Mesopotamia, has operated upon a similar condition over three hundred times. ("The Medical Missionary," p. 23.)

Dr. Wanless, of India, had five hundred operations for cataract in 1908. ("Observations on the Medical Progress in the Orient," p. 26.)

III. PREPARATION AND QUALIFICATIONS REQUIRED

Points to be considered as to whether a person would make an acceptable medical missionary fall naturally under five heads: Health; Adaptability; Professional Proficiency; A Consecrated Life; A Loving Spirit. (See "The Medical Mission," Ch. X.)

1. **Health.**—The necessity of good health cannot be questioned. A person who is seriously handicapped here because of health conditions ought not to consider the harder duties of the tropics.

2. **Adaptability.**—Adaptability is essential. Conditions wholly strange, unsatisfactory and uncomfortable will be met, to which the physician will have to adapt himself. Said a surgeon on the field: "You turn the chloroform bottle over often to a person who never saw it or heard of it before, and still you go on operating." Such admittedly unsatisfactory conditions demand adaptability.

Good team work is essential in every mission station, and this requires that the medical missionary be one who can bear and forbear, that he be unselfish and obliging, that he be a good "mixer," that he have patience and some sense of humor—in short, that he be able, without chafing and worry, to adapt himself to his environment.

3. **Professional Proficiency.**—His preparation for professional efficacy in medical missionary work should go back to his academic course. A college course is desirable and is often demanded by the Mission Boards whose standards are gradually being raised, according to the increasing demands which the conditions on the field make upon the medical missionary. One qualification that is emphasized by the Boards is thoroughness. Dr. C. R. Watson, Secretary of the United Presbyterian Board of Foreign Missions, says: "There is one word which carries with it so many other things that I like to name it as an essential qualification for the missionary. It is *thoroughness.* As a Board Secretary visiting educational institutions in search of missionary candidates, and meeting repeatedly those who are applying for missionary appointment, I can scarcely express the opinion of disheartenment that comes when the candidate shows evidence of lacking thoroughness, of being slip-shod in all that he is and in all that he does. This disqualification is a most serious one, and yet one which it is hard to make the candidate conscious of. The trouble with him is that he does nothing thoroughly. He is careless in all of his activities. He is not a thorough student; his work

is not thorough. He is half-hearted, even in his pleasures, and is perhaps careless in his dress.

"On the other hand is the man who is thorough. It is with a sense of relief that one meets this candidate. He may not have traveled far in the pathway of experience or the pathway of opportunity, but in so far as he has gone, everything has been mastered. What he has studied, he knows. If he does any work, you can count on it being a clean, thorough piece of work. To use a popular phrase, what he does 'stays put.' Every advantage that has been his has been so carefully improved that it is stored away as a resource which will serve him in good stead in some future emergency."

If thoroughness is needed in an academic school, it is doubly essential in the strictly medical preparation of the student. Review briefly the scope of the medical missionary's work (Study I.). Consider the diseases of the mission fields (Study VI.), and it will be seen how necessary is a wide and thorough preparation. Practical surgery and knowledge of diseases of the eye are specially important.

REFERENCES

The Medical Mission, Ch. X.
The Medical Missionary, pp. 23, 24, 31, 32-36.
Observations on the Medical Progress in the Orient.

ADDITIONAL REFERENCE

The Student Missionary Appeal, pp. 47-48.

4. **A Consecrated Life.**—For the medical missionary a consecrated life means a life wholly devoted to the

alleviation of suffering, to the furtherance of real medical knowledge and hygiene, but most of all to the advancement of the Kingdom of Christ. David Livingstone, who did so much in services that could not be called distinctively religious, said: "I will place no value on anything I have or may possess save in its relation to the Kingdom of Christ. If anything I have will advance the interests of the Kingdom, it shall be given or kept, as by giving or keeping I can most promote the glory of Him to whom I owe all my hopes for time and eternity."

Dr. Wanless well says: "The medical missionary should be a man possessed of an earnest desire to save souls. Professional experience and the amelioration of suffering, however good and praiseworthy in themselves, are not all that a true medical missionary seeks to accomplish. To secure merely the physical good of a patient is to lose the highest joy which the service itself affords, and to fail in spiritual ministration is to cut the nerve which itself tingles with the real blessedness of service." —"The Medical Mission," p. 77.

REFERENCES

The Medical Mission, Ch. X.
The Healing of the Nations, pp. 87-88.
Practical Ideals in Medical Mission Work, Chs. II., III.

5. **A Loving Spirit.**—If, as John Kenneth Mackenzie said, after a life full of works of healing, "Our great work is the bringing home of the love of God to our patients," how necessary it is that love be the dominant

factor in his life. A strong sense of duty, even though it leads to consecration, is incomplete without the greater compulsion of love. A great missionary said, "Though I bestow all my goods to feed the poor, and though I give my body to be burned, and have not love, it would be profitless to me."

How full and abiding will be the work of that physician whose work is all done in a spirit of love, even the love that rises to that sublime height, "Greater love hath no man than this, that a man lay down his life for his friends!"

Reference

Practical Ideals in Medical Mission Work, Chs. II., III.

Additional References

The Beloved Physician of Tsang Chou, pp. 278, 279.
Stewart of Lovedale, Ch. XXII.
Students and the Missionary Problem, p. 500.

STUDY VIII

THE IDEAL MEDICAL MISSIONARY

The study of medical missionaries is far from complete if it does not include an examination of the life of the One to whom all later medical missionaries have looked as their Pioneer and Pattern.

The records of His life abound in narratives of His use of the art of healing; and the question that arises is, In what way did His work as physician help Him in His work as missionary, or "sent one"? In other words, How did Christ's work of healing contribute to the realization of His life purpose?

I. IT HELPED HIM TO INTERPRET GOD TO MEN

This was the errand of Christ—to reveal God the Father. He was the Word—or expression—of God. How then did Christ's work of healing help Him to interpret God?

1. It Exhibited God's Loving Sympathy to Men.—Christ came to reveal a God not far off and unknowable, but a God just and also merciful, a God who longs to bless far more than His creatures to receive; a God, not Creator and Judge alone, but also loving Father.

How was He to reveal such a God? By words alone? By death alone, when that time should come? Or was it not also by a life filled with merciful, helpful and loving deeds? As one considers His great life purpose, it is not surprising that the fact is emphasized that Christ "went about doing good." All that God was to Him He would have men know—truth, mercy, peace, light, freedom from all that binds and saddens life (Luke 4:18). Thus, while His great message was to the soul, He also had a message to the body and oftentimes through the body to the soul.

Jesus came into a world of physical suffering and the love and sympathy of His heart could not find full expression apart from the work of physical healing. A true-hearted physician or nurse understands this as perhaps no one else can.

Very briefly review some of these incidents in the life of the Great Physician, keeping in mind the frequently recurring phrase that "He was moved with compassion."

There was the bereaved mother, whose grief went straight to the heart of the Great Physician. And the comforting words of "Weep not" were quickly followed by the command that brought amazement and joy to the mother's heart. And there must have been for Him a great gladness as "He gave him to his mother" (Luke 7:11-17). There were the blind who came to Him; and "He had compassion on them, and touched their eyes" (Mark 20:34). There was the leper in Galilee who came to Him; and so great was the love of Jesus and His desire that this man should be well that, unmindful of ceremonial uncleanness and rabbinical injunctions, He

reached forth His hand, touched him, and pronounced him healed (Mark 1:40-45). So full of sympathy for the suffering was His great heart, that, even after the busiest of days, He would forget His weariness and spend the evening hours healing those who were brought to Him (Mark 1:32-33). At the sight of suffering, the first thought was its possible alleviation, and the most natural question was, "Wouldst thou be made whole?" (John 1:6). The comforting words, "Daughter, be of good cheer," were the very words we should expect from His lips (Matt. 8:22). The thought of the long hours, months, and years that one may have suffered occurs naturally to a loving and sympathetic mind; and we hear Him say to an anxious father, "How long a time is it since this came upon him?" (Mark 9:21). He would not have been Love Incarnate if the anguished cry from the heart of Bartimæus and of the lepers did not strike deep and responsive cords in His own life (Mark 10:47; Luke 11:17). The answer to the cry, "Jesus, thou Son of David, have mercy on me!" tells of a great wealth of love and sympathy in the heart of a Physician who came to reveal God.

The great Prototype and Pattern of all medical missionaries gave Himself to the work of healing because of His loving sympathy with all who suffered.

2. It Illustrated the Power of God and Led Men to Glorify Him.—Numerous instances of this result of His healing acts are recorded. "And they glorified God, which had given such power unto men" (Matt. 9:8). "And they glorified the God of Israel (Matt. 5:30).

" And there came a great fear upon all, and they glorified God, saying . . . God hath visited His people " (Luke 7:16). " And immediately she was made straight, and glorified God " (Luke 13-15). And in sorrow He said, after the healing of the ten lepers, " Can it be that, of the ten who were healed, only this stranger is found who renders glory unto God! "

Every medical missionary who truly has " followed in His train " has similarly had no thought of his personal glory, but has lived and wrought for the glory of God.

3. It Emphasized God's Interest in the Individual.— It must have greatly impressed those among whom He worked that Jesus concerned Himself so with each individual He met, forgetting the throng in the street to heal one woman, more conscious of one paralytic than of scores of others in the house, turning from a crowded audience to heal a leper or a man with a withered hand.

Jesus was ambitious for the highest efficiency of every individual. Therefore He healed. Bartimæus and his family, Jaïrus with his wife and daughter, the Gadarene demoniac and his entire community would gladly testify to that. And in seeking to develop in each individual his greatest capacities, the dignity as well as the value of the human body was emphatically taught. Ascetics of Christ's day dishonored the body; He " came eating and drinking." The epicureans of His day dishonored the body; He came declaring that " the Kingdom of God is not meat and drink." He taught that " the very hairs of your head are numbered," and that " the Kingdom of God is within you " and that the Holy Spirit " shall be in you."

If God thus honors the body of a man, so, He taught, ought we to honor it and give it ample care.

So too the medical missionary of to-day, imitating his Master, is zealous to raise up every individual life that is hurt and broken and disqualified to a place of efficiency in service.

4. It Gave Assurance of God's Readiness to Honor Faith and Answer Prayer.—This great truth was taught and exemplified by Jesus in many ways, but particularly was it shown in His acts of healing. Not many of them could be wrought in His home town "because of their unbelief." Wherever He found faith He healed; and the measure of His healing was the measure of men's faith. "Believe ye that I am able to do this?" He asked as the blind men came to Him craving their sight (Matt. 9:27-34). And the result was according to their faith. "Thy faith hath saved thee" (Matt. 9:22). "This goeth not out, because of your unbelief" (Matt. 17:14-21). "O, faithless generation!" (Mark 14:29). "Fear not, only believe, and she shall be made whole" (Luke 8:50). "Said I not unto thee, that if thou wouldst believe, thou shouldst see the glory of God?" (John 11:40). "Thy faith hath made thee whole."

II. IT SECURED A WIDER HEARING FOR HIS MESSAGE

This certainly was not a motive of Christ in performing His works of healing. He distinctly disclaimed any such motive. When men came seeking "signs," He sent

them away. In resisting the second temptation, the question of employing such means to secure a following was forever settled.

However, the fact remains that many came, *and heard His message,* who came merely because of His fame as a healer,—either out of curiosity, or because they or some relative or friend was in need of bodily healing (Mark 1:28, Luke 4:15). Had Christ gone about preaching only, He would have reached a certain number, but He went about "doing good"; and the multitudes flocked to Him and many gave Him their confidence and love because of what He had done for them.

THE PURSUIT OF THE IDEAL

Should the great life purpose of the medical missionary to-day be one whit less exalted than that which actuated Christ as He purposed to reveal God, the loving Father, to those who did not know Him? Or should he be less ready to lose himself utterly in seeking to realize that purpose?

Briefly review the scope and value of medical missions. Examine how it is a continuation in fuller detail of the same work that Christ began. Luke, the physician, writes of the work "which Jesus *began* both to do and to teach." Who, more than the medical missionary, is in a position to *continue* to *do* and to *teach* those things?

It is often assumed that the physician at home and the medical missionary abroad need concern themselves only with the bodies of men. Show that this is scientifically untrue. Show, too, that no physician with exalted ideals of his profession, and especially no physician who seeks to follow in the steps of the Great Physician, would regard his field as so restricted.

Mackay, the great missionary of Uganda, said, "All missionary work, in the highest sense, must be healing work." Consider how brief and limited Christ's influence would have been, had He concerned himself only with the infirmities of the body. His great message was always to the soul. His words of command are significant

as He says, "Heal the sick, . . . and say, The Kingdom of God is come nigh unto you." The Ideal Medical Missionary as a physician to the body alone would be unthinkable. So it is unthinkable that any medical missionary fulfils his largest mission in his ministrations to the bodies of men. It is a splendid work to cut, with skill and courage, a malignant growth out of the body; but how much more splendid a work it is to cut, with a masterly skill learned from the Great Physician Himself, "the malignant growth out of the life!"

"Greater works than these shall ye do." Do these words have a special significance, as the large and varied work of the medical missionary to-day is considered? The "greater works" are everywhere apparent. Christ healed a few sick. Hospitals have been, and are being founded where hundreds of thousands come for relief. Christ sent a few men out to heal. Medical schools are now being established that for the centuries to come will be sending out thousands on their healing mission. Christ, with His loving heart, blessed the children as they were brought to Him; but the children's hospitals and the orphans' homes to-day are eloquent of the "greater works" of which He spoke. He gave sight to a few that were blind; but to-day the glad words of Bartimæus are on the lips of multitudes. And the spiritual leper, the blind and the bruised are "giving glory to God" in uncounted numbers. Truly, "greater works than these shall ye do."

APPENDIX A

SOME PRACTICAL QUESTIONS ANSWERED

The answers given below to questions that are continually arising are of necessity general and incomplete. Definite and complete information should be sought from the various church mission boards.

1. How is a Medical Missionary Sent to the Foreign Field?—Direct application is made to the mission board of the denomination of which the student is a member. If no vacancy exists, other mission boards are always pleased to consider applications.

Information as to the needs of the various boards and fields can be obtained from the Candidate Secretary of the Student Volunteer Movement, 125 East 27th Street, New York.

2. How Long is the Period of Service?—It is expected, except in special cases, that the candidate goes out for life service on the field, but no contracts are signed, which would evidently be unwise without a personal knowledge of missionary conditions on the part of the candidate and of the candidate on the part of the board. The length of the first period of service varies with the different boards and with the particular field to which the person is sent. Periods vary from three to ten years.

3. What Arrangements are Made for Recuperation, Furloughs and Post-graduate Work?—Generally one year in every five, six, seven or ten years is given for the above, depending on the climatic conditions, the exactions of the work and other circumstances. One or two months are given each year during the summer for recuperation. The salary and traveling expenses during this period are generally paid.

4. What are the Financial Arrangements?—The remuneration is sufficient to meet the living needs, varying as to the locality, the length of service, size of family, etc. A general statement might be that a single man or woman gets from $500 to $1,000 per year; that a married couple receive from $800 to $1,500 per year. House rent is usually furnished. Traveling expenses of the family are paid to and from the home land.

5. What about the Education of Children?—In some mission fields thoroughly equipped schools are found, established for the education of the missionaries' children. Often the children remain with the parents until ten or twelve years of age, and then are sent home to continue their education in the home schools. Usually it is necessary to send them home earlier.

6. How about Learning the Language?—The language difficulty varies greatly with the field; for instance, in South America the Spanish language is easily learned, while Chinese and Arabic are noted for their difficulty. Generally speaking, the greater part of the first year or two is spent learning the language, until a fair

proficiency is reached; and study should be continued thereafter.

7. Should a Missionary Candidate be Married?—Generally speaking, it is well that a person be married before leaving for the work. Pioneer fields demand unmarried men until the work is developed. The requirements of the foreign mission boards differ on this point.

8. What is the Age Limit?—This depends on the country to which one is assigned. For China, where the language is learned with difficulty, persons who are over thirty are seldom accepted. The age limit is not so sharply defined for work in some other countries. Many considerations enter into this question.

9. What are the Climatic Conditions?—This again depends on the country. India's climate, for instance, is vastly different from that of Manchuria. China's climate is fully as varied as that of the United States. There is every climate to be chosen.

APPENDIX B

BIBLIOGRAPHY

Any of the following books, pamphlets, or periodicals, may be ordered through the Student Volunteer Movement, 125 East 27th Street, New York City.

MAIN REFERENCE MATERIAL

BARTON, JAMES L. The Medical Missionary. American Board of Commissioners for Foreign Missions. 15 cents.

JEFFRYS, W. H. Practical Ideals in Medical Mission Work. Domestic and Foreign Missionary Society. 10 cents.

LUDLOW, I. Observations on the Medical Progress in the Orient.

TUCKER, F. F. and E. B. A Modern Miracle Plant. 25 cents.

WANLESS, W. J. The Medical Mission. Student Volunteer Movement. 10 cents.

WILLIAMSON, J. R. The Healing of the Nations. Student Volunteer Movement. Cloth, 40 cents; paper, 25 cents.

A packet containing the above literature (in paper binding) will be mailed from the office of the Student Volunteer Movement to any address upon receipt of 75 cents.

ADDITIONAL REFERENCE MATERIAL

BARNES, IRENE H. Between Life and Death. Church of England Zenana Missionary Society. $1.25.

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THOBURN, JAMES M. Christian Conquest of India. Young People's Missionary Movement. Cloth, 50 cents; paper, 35 cents.
WELLS, J. Stewart of Lovedale. Fleming H. Revell Co. $1.50.
WORLD-WIDE EVANGELIZATION. Student Volunteer Movement Convention Report (Toronto). Student Volunteer Movement. $1.50.

PERIODICALS

Annals of Tropical Medicine and Parasitology. 28 Orchard Street, London, England. $7.50 per year.
Boston Medical and Surgical Journal. Boston, Mass. $5.00 per year.
British Medical Journal. 429 Strand, London, England. $10.00 per year.
China Medical Journal. Medical Missionary Association, 18 Peking Road, Shanghai. $4.00 per year.
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Indian Magazine and Review. 10 Orange Street, London. $1.50 per year.
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Lancet, The. London. $10.00 per year.
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